

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**

SC
JCWSCS U 5 MAR 2004

M.P.

May 05 04 01:40P

Ethicon Endo-Surgery

513-337-8489

p. 1

Docket No. END5005NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert J. Dunki-Jacobs et al.

Application No.: 10/713,407

Group No.: 3736

Filed: November 14, 2004

Examiner:

For: Methods and Devices for Detecting Abnormal Tissue Cells

CERTIFICATION UNDER (37 C.F.R. § 1.8(A))

I hereby certify that, on the date shown below, this correspondence is being transmitted by facsimile to (703) 746-9195, the U.S. Patent and Trademark Office, Commissioner for Patents, Office of Initial Patent Examination, PO Box 1450, Alexandria, VA 22313.

Date: March 5, 2004

Signature: *Linda F. Hansen*
Linda F. Hansen

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

Note: The PTO will not correct the filing receipt until the application is complete (in other words, the applicant files a response to the notice to file missing parts).

2. There is an error with respect to the following data, which is:

- incorrectly entered
and/or
 omitted.

Error in	Correct data
1. <input type="checkbox"/> Applicant's name	1.
2. <input type="checkbox"/> Applicant's address	2.
3. <input type="checkbox"/> Title	3.
4. <input checked="" type="checkbox"/> Filing Date	4. November 14, 2003
5. <input type="checkbox"/> Application Number	5.
6. <input type="checkbox"/> Foreign/PCT Application Re:	6.
7. <input type="checkbox"/> Other	7.

Customer Copy		Post Office To Addressee																																					
Label 118 September 2002																																							
 EXPRESS MAIL UNITED STATES POSTAL SERVICE®																																							
DELIVERY (POSTAL USE ONLY) <table border="1"> <thead> <tr> <th colspan="2">Delivery Attempt</th> <th>Time</th> <th>Employee Signature</th> </tr> <tr> <th>No.</th> <th>Day</th> <th><input type="checkbox"/> AM <input type="checkbox"/> PM</th> <th>Employee Signature</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Mon</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>2</td> <td>Tue</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>3</td> <td>Wed</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>4</td> <td>Thu</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>5</td> <td>Fri</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>6</td> <td>Sat</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>7</td> <td>Sun</td> <td><input type="checkbox"/> AM <input type="checkbox"/> PM</td> <td></td> </tr> </tbody> </table>				Delivery Attempt		Time	Employee Signature	No.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	1	Mon	<input type="checkbox"/> AM <input type="checkbox"/> PM		2	Tue	<input type="checkbox"/> AM <input type="checkbox"/> PM		3	Wed	<input type="checkbox"/> AM <input type="checkbox"/> PM		4	Thu	<input type="checkbox"/> AM <input type="checkbox"/> PM		5	Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM		6	Sat	<input type="checkbox"/> AM <input type="checkbox"/> PM		7	Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt		Time	Employee Signature																																				
No.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature																																				
1	Mon	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
2	Tue	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
3	Wed	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
4	Thu	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
5	Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
6	Sat	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
7	Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM																																					
CUSTOMER USE ONLY <table border="1"> <thead> <tr> <th colspan="2">PAYMENT BY ACCOUNT</th> <th colspan="2">WEEKEND OR HOLIDAY DELIVERY</th> </tr> <tr> <th colspan="2">Express Mail Corporate Acct. No.</th> <th colspan="2"><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</th> </tr> </thead> <tbody> <tr> <td colspan="2">Federal Agency Acct. No. or Postal Service Acct. No.</td> <td colspan="2"><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</td> </tr> </tbody> </table>				PAYMENT BY ACCOUNT		WEEKEND OR HOLIDAY DELIVERY		Express Mail Corporate Acct. No.		<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Federal Agency Acct. No. or Postal Service Acct. No.		<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday																									
PAYMENT BY ACCOUNT		WEEKEND OR HOLIDAY DELIVERY																																					
Express Mail Corporate Acct. No.		<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday																																					
Federal Agency Acct. No. or Postal Service Acct. No.		<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday																																					
ORIGIN (POSTAL USE ONLY) <table border="1"> <thead> <tr> <th colspan="2">Date of Delivery</th> <th>First Rate Envelope</th> <th></th> </tr> <tr> <th>No.</th> <th>Day</th> <th><input type="checkbox"/> Second</th> <th><input type="checkbox"/> Postage</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Mon</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>2</td> <td>Tue</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>3</td> <td>Wed</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>4</td> <td>Thu</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>5</td> <td>Fri</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>6</td> <td>Sat</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> <tr> <td>7</td> <td>Sun</td> <td><input type="checkbox"/></td> <td>\$ 1.75</td> </tr> </tbody> </table>				Date of Delivery		First Rate Envelope		No.	Day	<input type="checkbox"/> Second	<input type="checkbox"/> Postage	1	Mon	<input type="checkbox"/>	\$ 1.75	2	Tue	<input type="checkbox"/>	\$ 1.75	3	Wed	<input type="checkbox"/>	\$ 1.75	4	Thu	<input type="checkbox"/>	\$ 1.75	5	Fri	<input type="checkbox"/>	\$ 1.75	6	Sat	<input type="checkbox"/>	\$ 1.75	7	Sun	<input type="checkbox"/>	\$ 1.75
Date of Delivery		First Rate Envelope																																					
No.	Day	<input type="checkbox"/> Second	<input type="checkbox"/> Postage																																				
1	Mon	<input type="checkbox"/>	\$ 1.75																																				
2	Tue	<input type="checkbox"/>	\$ 1.75																																				
3	Wed	<input type="checkbox"/>	\$ 1.75																																				
4	Thu	<input type="checkbox"/>	\$ 1.75																																				
5	Fri	<input type="checkbox"/>	\$ 1.75																																				
6	Sat	<input type="checkbox"/>	\$ 1.75																																				
7	Sun	<input type="checkbox"/>	\$ 1.75																																				
<table border="1"> <thead> <tr> <th>AM</th> <th>PM</th> <th>2nd Day</th> <th>3rd Day</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				AM	PM	2nd Day	3rd Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
AM	PM	2nd Day	3rd Day																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
<table border="1"> <thead> <tr> <th>Weight</th> <th>Int'l Alpha Country Code</th> <th>COD Fee</th> <th>Insurance Fee</th> </tr> <tr> <th>lbs.</th> <th>lbs.</th> <th>\$</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>11.0</td> <td>110</td> <td>\$ 0.50</td> <td>\$ 0.50</td> </tr> </tbody> </table>				Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee	lbs.	lbs.	\$	\$	11.0	110	\$ 0.50	\$ 0.50																								
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee																																				
lbs.	lbs.	\$	\$																																				
11.0	110	\$ 0.50	\$ 0.50																																				
<table border="1"> <thead> <tr> <th colspan="2">Airplane/Cargo Initiation</th> <th>Total Postage</th> </tr> <tr> <th>No Delivery</th> <th>Holiday</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>\$</td> </tr> </tbody> </table>				Airplane/Cargo Initiation		Total Postage	No Delivery	Holiday	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$																											
Airplane/Cargo Initiation		Total Postage																																					
No Delivery	Holiday	\$																																					
<input type="checkbox"/>	<input type="checkbox"/>	\$																																					
PHONE <u>513 231 3535</u>																																							
FROM: <u>Gerry Gressel</u> Ethicon Endo-Surgery, Inc. 4545 Creek Road, ML 97 Cincinnati, OH 45242																																							
																																							
FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com																																							